## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

10/601082

	CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
		OTAL CLAIM:						RATE	FEE	7	RATE	FEE		
	F	OR	NUMBER FILED		NUMBER EXTRA			BASIC FEE	150.00	OR	BASIC FEE	360.00		
	Ţ	OTAL CHARGE	ABLE CLAIMS	minus 20=		*			X\$ 25=		OR	X\$50=		
	IV	DEPENDENT (	minus 3 =		*			'X100=		OR	X200=			
	M	ULTIPLE DEPE	NDENT CLAIM F	PRESENT	RESENT		. 🗆		+180=		OR			
	*	f the difference	e in column 1 is	less than z	ess than zero, enter *		"0" in column 2		TOTAL	-	OR	TOTAL		
(COC) (COC)	CLAIMS AS AMEN				NDED - PART II (Column 2) (Column 3				SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
		15/10/	CLAIMS		HIGH	EST	PRESENT	1	•	ADDI-	1		ADDI-	
		1/18/5	AFTER AMENDMENT		PREVIO	USLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
3	AMENDMENTA	Total	. 91	Minus	#80	2	= //		X\$ 25=	275	OR	X\$50=		
st Available	AME	Independent	· 6	Minus	DEMOCACE	<u>S                                    </u>	= /		X100=	100	OR	X200=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CEAIN		1	+180=		OR	+360=	•		
	<b>1</b>								TOTAL	375	OR	TOTAL ADDIT. FEE		
Best	<u> </u>		(Column 1)		(Colum		(Column 3)		<b></b>					
**-	AMENDMENT.B	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NÜME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
		Total	*	Minus	**		=		X\$ 25=		OR	X\$50=		
	AME	Independent	*ENTATION OF MU	Minus	***	CL AIM	=		X100=		OR	X200=		
	L	rinoi Phese	M 4O PIOITATE	DETIPLE DEF	PENDENT	CLATIVI		1 [	+180=		OR	+360=		
								L	TOTAL ODIT, FEE		OR	TOTAL ADDIT, FEE		
	(Column 1) (Column						(Column 3)					•	107	
	AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIO PAID F	er Usly	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ı	NDM	Total	*	Minus	**		=		X\$ 25=		OR	X\$50=		
	AME	Independent	*	Minus	CNIDENT	; '	=		X100=		OR	X200=		
		TINO I PHESE	NTATION OF MU	LUPLE DEF	ENDENT	CLAIM		\	+180=		OR	+360=		
ı			•						•					

Sent By: Altera Law Group;

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-	NO. 01 1206/2	004.	. L			emplete H	Know	m
Foca pursuant to the Concold			" Acc	lication Numi	ber 1	0/801.082		
FEE TR			Fili	g Date	J	une 20, 20	003	
For	r FY 2	005	Fire	Named Inve	mbor P	eter Moet	er-Jer	rsen
Applicant otaline email	ontin closu	Cro 97 CER 1 27	- Ex	miner Name		ohn B. So	tomay	OF
		, 300 37 CFR 1127	- Art	Unit	3	682		
TOTAL AMOUNT OF PAY	MENT (\$)	0	Atte	mey Docket	No. D	1750,000	-US-0	n
METHOD OF PAYMEN	T (check all	that apply)						
Check Credit		Money Order	Norg [	Other (cl	lean idea	ios.		
Deposit Account			.,,,,,,	_			l aw (	Group, LLC
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								anni for the filling
Charge fee(e)			- * 4 / - \		• • •		iow, ex	cept for the filling
Charge any e	additional fee R 1.16 and 1	(s) or underpayments ( .17	O1 188(8)	Credit	Stril Chee	payments		
WARNING: Information on this information and suthertration	s form may be	scome public. Credit car	umotal b	no should no	t be inclu	ded on this	form. P	sovide credit card
FEE CALCULATION	701710450				-			
1. BASIC FILING, SEAL	DAIL AND	CVALUNATION SE	-					
1. BASIC FILING, SEAI	EH ING	effs at	EARCH	FEE8	EXAMI	NATION I	FEES	
Analization Type	Fee (3)	Small Entity		all Entity	Fee (	Small E		Fees Paid (
Application Type	300		00 <del>≲731</del>	250	200	D <u>Fee (</u> 100	T.	
Utility	200		00	50 50	130	65		
Design	200		00	30 150	160	80		
Plant Reissia	300		00	250	600	300		
Provisional	200	100	0	0	0.00	0		
		100	•	V	U	U		Small Entity
2. EXCESS CLAIM FE		•					<u>e (\$)</u>	F99 (\$)
Each claim over 20 (	including F	Reissucs)					50 00	25 100
Fach independent ch		(including Reissues)	)			_	60	180
Multiple dependent o	Extra Clai	ma Fee (5)	Fee Pai	d.(8)		_		opendent Claims
Yotal Claims			0	_		E.	<b>e(1)</b>	Fee Paid (\$
<u>Total Claims</u> 101 20 cr HP =		× <del>25</del> =		_		-		
101 - 20 or HP = HP = highest number of total	el claims paid t	Rof. If greater then 20.		4 (8)				
101 - 20 or HP =  HP = Nighest number of total Index. Claims  A -3 or HP =	Extra Clot	Ror, if greater than 20.	Fee Pai	4 (8)				
HP = highest number of total index. Claims  B - 3 or HP = HP = highest number of index.	Extra Cloi Extra Cloi O ependent cipin	Ror, if greater than 20.	Fee Pai	4 (8)				
101 - 20 or HP = HP = highest number of tou Index. Oblime A - 3 or HP = HP = highest number of inde 3. APPLICATION SIZE If the proof-lightion are	e ctains paid to Extra Chair  ependent claim  FEE d drawings	Ror, if greater than 20.  Irms Fee (5)  x 100 =  as paid for, if greater than  associed 100 sheets o	Fee Pai 0 3.	excluding o	:loctrom	cally filed	seque	ence or compute
101 - 20 or HP = HP = highest number of tou index. Obtains A - 3 or HP = HP = highest number of inde 3. APPLICATION SIZE If the specification am listings under 37 C	Extra Clot Extra Clot  ependent cisin  FEE d drawings  FR 1,52(e)	ro, # greater than 20.  Fee (5)  7 100  as paid for, # greater than 100, the application six	Fee Pai 0 3. of paper on see fco du	(excluding on its \$250 (\$	125 for	cally filed	i seque	ence or computer
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101 - 20 or HP = HP = highest number of the index. Chimns	Extra Clet  Extra Clet  Consequent observings  FEE  FR 1.52(e)  thereof. So  Extra Shr	exceed 100 sheets on the state of the special state	Fee Pai 0 3. of paper or foo du (O) and feach as	(excluding our is \$250 (\$ 37 CFR 1.1 different to be und up to be und	125 for 6(s). of insctio	cally filed small ent	ity) for	reach additional
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Name (Prist) to played H. Caros

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